I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope ddressed to: Assistant Commissioner for Patents,

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Coleman et al.

Title:

A C5a-LIKE SEVEN TRANSMEMBRANE RECEPTOR

Serial No.:

08/462,355

Filing Date:

June 5, 1995

Examiner:

J. Ulm

Group Art Unit:

1812

Assistant Commissioner for Patents Washington, D.C. 20231

INFORMATION DISCLOSURE STATEMENT WITH FEE UNDER §1.17(p)

Sir:

Pursuant to 37 C.F.R. §§ 1.56, 1.97 and 1.98, Applicants wish to call to the attention of the Examiner the enclosed "List of References Cited by Applicants." The right is reserved to antedate any item in accordance with standard procedure.

Citation of the documents is not to be construed as an admission that the documents are necessarily prior art with respect to the instant invention. This submission is understood to complement the results of the Examiner's own independent search. Citation of the documents shall not be construed as a representation that a search has been made or that the cited items are inclusive of all the relevant and material citations that may be available publicly. Any NCBI report included herein may not have an accurate date for prior art purposes. Some of the documents may have markings thereon. No significance is meant to be attached to the markings.

Applicants respectfully request that the cited document be considered by the Examiner and that an initialed copy of the Supplemental List of References Cited by Applicants be returned to Applicants.

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It is believed that this disclosure complies with 37 CFR §§ 1.56, 1.97 and 1.98 and the

Docket No.: PF-0040 US

Manual of Patent Examining Procedures § 609. If for some reason the Examiner considers otherwise, please telephone the undersigned.

Please charge Deposit Account No. 09-0108 the \$240.00 fee for the Information Disclosure Statement under 37 C.F.R. §1.17(p). A duplicate copy of this communication is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 09-0108.

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 650-855-0555.

Respectfully submitted,

INCYTE PHARMACEUTICALS, INC.

Date: 10/29/97

Lucy J. Billings

Reg. No. 36,749

3174 Porter Drive

Palo Alto, California 94304

Phone: (650) 855-0555 Fax: (650) 845-4166